

## Jesse White • Illinois Secretary of State Resident Notary Public Application

Index Department, 111 E. Monroe Springfield, IL 62756 Telephone: 217-782-7017

| -033333   |  |                                     |                          |  |         |  |  |
|---|--|-------------------------------------|--------------------------|--|---------|--|--|
| Type or Print Clearly   |  |                                     |                          | \$10 Filing Fe   | :е      |  |  |
| Commission Name Style: (Printed name must be identical to signature in Oath.)  Male  Female   |  |                                     |                          |  |         |  |  |
| Last Name:  |  | First Name:                         | Name: Middle or Initial: |  | ,       |  |  |
| Residence Address: (Street/routo  | e, City, ZIP)  |                                     | County:                  |  |         |  |  |
| Mailing Address: (P.O. Box, Suite, Apt.)  |  | Home phone:                         |                          | Business phone:  |         |  |  |
| Name of Employer:   |  |                                     |                          |  |         |  |  |
| Address of Employment: (Street,   | City, ZIP)   |                                     |                          |  |         |  |  |
| Date of Birth: mm/dd/yyyy   | Applying for: New Commission Renewal of Current Commission       |                                     |                          |  |         |  |  |
| 1 1   | Current Expiration Date: Commission #:                           |                                     |                          |  |         |  |  |
| Has your name, address or county changed since your last commission?  |  |                                     |                          |  |         |  |  |
| If yes, please give previous name   | ə:   |                                     |                          |  | _       |  |  |
| and/or address:   |  |                                     |                          | ded the boundary of the second | <u></u> |  |  |
| NOTARIAL OATH State of Illinois County of   |  |                                     |                          |  |         |  |  |
| <ol> <li>I am a U.S. citizen or an alie</li> <li>I have been a resident of Illi</li> <li>I am at least age 18 years of</li> <li>I have never been convicted</li> <li>I am able to read and write</li> <li>I have never had a notary process.</li> </ol> | nois for at lea<br>or older.<br>I of a felony.<br>the English la | ast 30 days.<br>anguage.            |                          |  |         |  |  |
|   | the notary la  | w of this State; and that, if appoi |                          | on this application are true, complete an mmissioned as a notary public, I will perform  |         |  |  |
| Signature of Applicant:   |  |                                     |                          |  |         |  |  |
| Notary Public Signature:  |  |                                     |                          |  |         |  |  |
| Witnessed and Affirmed this day   | _ of   | 20                                  |                          | AFFIX SEAL HERE  |         |  |  |

## **ILLINOIS NOTARY PUBLIC BOND**

| The Office of the Secretary of State does not recommend any particular b  | onding or insurance company.  |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Know all by these presents, that we Name of Applical  | nt (type or print) as principal/applicant and                       |  |  |  |  |  |
| Name and Address of Surety Company  |   |  |  |  |  |  |
| are held and firmly bound unto the People of the State of Illinois, in the pof which, well and truly to be made, we bind ourselves, our heirs, executor presents.   | • •   |  |  |  |  |  |
| THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT, whereas, the the Secretary of State of the State of Illinois as a Notary Public for a four-   |   |  |  |  |  |  |
| Now, if said principal/applicant shall truly and faithfully perform and di according to law, then the above obligation to be null and void, otherwise from the effective date of the principal's/applicant's commission to the ex | to remain in full force and virtue in law. The term of this bond is |  |  |  |  |  |
| XSignature of Principal/Notary Public Applicant   | X Signature of Authorized Representative of Surety Company          |  |  |  |  |  |
| Bond Number must be placed in this box.   | Corporate Seal must be placed in this box.                          |  |  |  |  |  |
| THIS BOND MUST BE WRITTEN BY A COMPANY QUALIFIED WITH THE ILLII   | NOIS DEPARTMENT OF INSURANCE TO WRITE SURETY BONDS IN               |  |  |  |  |  |
| Notary Public applications and commissions are public records and are ava   | ailable to any interested person for examination and copying.       |  |  |  |  |  |
| NOTE:<br>The Notary Public commission is not valid until you have registered your s<br>The Notary Public should verify the accuracy of the information of the cer   |   |  |  |  |  |  |
| DO NOT WRITE BELO   | W THIS LINE   |  |  |  |  |  |